

## SUPPLEMENT TO ATTACHMENT 3.1-A

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital.

Not provided.

b. Skilled nursing services.

No limitations

c. Intermediate care facility services.

No limitations

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

15a. Intermediate Care Facilities

No limitations

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

15b. Intermediate Care Facilities for the Mentally Retarded

No limitations.

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

16. Inpatient Psychiatric Facility Services for Individuals Under Age 22

Not provided.

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 2-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

17. Nurse-Midwife Services

No limitations.

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

18. Hospice Care

Not provided

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

19. Case Management Services

See targeted case management supplements to attachment 3.1-A.

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91

## SUPPLEMENT TO ATTACHMENT 3.1-A

20. Extended Services to Pregnant Women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- b. Services for any other medical conditions that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, and transportation services.

- c. Services related to pregnancy that may complicate pregnancy.

Services payable include physician, inpatient/outpatient hospital, prescription drug, family planning, physician assistants, nurse practitioners, RHC's, FQHC's, clinics, medical equipment, prosthetic devices, home health services, transportation services and treatment for chemical dependency.

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider.

Not provided

TN # 98-005  
SUPERSEDES  
TN # 92-13

APPROVAL DATE 12/16/98 EFFECTIVE DATE 07/01/98



## SUPPLEMENT TO ATTACHMENT 3.1-A

21. Ambulatory Prenatal Care for Pregnant Women Furnished During a Presumptive Eligibility Period by a Qualified Provider.

Not provided

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 5/27/92 EFFECTIVE DATE 7-1-91

SUPPLEMENT TO ATTACHMENT 3.1-A

22. Respiratory Care Services

Not provided

TN # 91-15  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/27/92 EFFECTIVE DATE 7-1-91